Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240				uls and N	New Mexico atural Resources Depart ATION DIVISI			Form C-104 Revised 1-1-89 See Instructions at Bottom of Pag
DISTRICT II P.O. Drawer DD, Anesia, NM 88210		OIL	CON		ATION DIVISI Box 2088	ON		
DISTRICT III		5	Santa Fe		Mexico 87504-2088			
1000 Rio Brazos Rd., Aztec, NM 8741 L	REC				ABLE AND AUTHOR		N	
Operator			MINOF		IL AND NATURAL (-	Vell API No.	
S & J OPERATING COMPA	····		· · · · · · · · · · · · · · · · · · ·				30-025-067	12
P O BOX 2249, WICHITA Reason(s) for Filing (Check proper box		TX 76	307-22	249				
New Well	<i>י</i>	Change	in Transpo	orter of:	Other (Please exp	plain)		
Recompletion	Oil Carinata		Dry G		effective 3/	/1/91		
change of operator give name	Casinghe							
ad address of previous operator								
L DESCRIPTION OF WEL	L AND LE	Well No	Pool N	ama lachd	ing Formation			
WEATHERLY		1	1		ates-Seven-River		ind of Lease ste, Federal or Fee	Lease No.
Location E	,	1000			-	ieen		
Unit LetterE	:	1980	_ Feet Fra	om The	N Line and 66	0 	_ Feet From The _	WLi
Section 21 Towns	hip219	S	Range	3.	7E, NMPM,		LEA	County
I. DESIGNATION OF TRA ame of Authorized Transporter of Oil	NSPORTE	ER OF O	IL ANI	D NATU	RAL GAS			· · · · · · · · · · · · · · · · · · ·
EXAS-NEW MEXICO PIPE	LINE CO	or Conde	assie [Address (Give address to w P O BOX 2528,	повва,	NM 88240	
ame of Authorized Transporter of Casis EXACO PRODUCING INC	nghead Gas	X	or Dry C	Ges 🔲	Address (Give address to w	hich appro	wed copy of this for	m is to be sent)
well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	P O BOX 3000, Is gas actually connected?		OK 74102	· · · · · · · · · · · · · · · · · · ·
e location of tanks.	I F I	21					164 I	
Designate Type of Completion	t from any oth	Oil Well	G		New Well Workover	Deeper	Piug Back S	ame Res'v Diff Res'v
Designate Type of Completion	t from any oth	Oil Well	pool, give	comming	New Well Workover Total Depth	i	P.B.T.D.	ame Res'v Diff Res'v
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 Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111. All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number transporter, or other such changes.